

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 91684554	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			"		"		"	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1		1			52		2				
3		1		1			53		1				
4		1		1			54		3				
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58		1				
9		1		1			59		1				
10		2		1			60	1					
11		2		1			61	1					
12		1		1			62		1				
13		1		1			63		1				
14		1		1			64		1				
15		1		1			65		1				
16		1		1			66		1				
17		1		1			67		1				
18	1						68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22	1						72						
23		3		1			73						
24		1		1			74						
25	1		1				75						
26	1		1				76						
27		1		1			77						
28		2		2			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32		2		2			82						
33		2		2			83						
34		2		1			84						
35		2		1			85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		2		1			90						
41		2		2			91						
42		2		1			92						
43		2		1			93						
44	1						94						
45	1						95						
46				1			96						
47				1			97						
48				2			98						
49				1			99						
50				1			100						
TOTAL IND.	8		6				TOTAL IND.						
TOTAL DEP.	57		49				TOTAL DEP.						
TOTAL CLAIMS	65		55				TOTAL CLAIMS						

PTO-12 (10-3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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